

New Jersey Department of Health & Senior Services
Consumer & Environmental Health Services
P.O. Box 372, Trenton, NJ 08625-0372
(609) 984-2193

LEAD TRAINING AGENCY CERTIFICATION APPLICATION

THIS BOX FOR NJDHSS USE ONLY

Date _____	Amount _____	Rec'd: ____/____/____	Rec'd: \$ _____	[] Ck, Number: _____	[] MO, Number: _____	Initials: _____
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*Please type or print legibly in ink. **Only one course per application.** Initial course and corresponding refresher course may be submitted on a single application. Please refer to attached checklist for all additional information which must be submitted with this application. If you have any questions call the NJDHSS at the above number.*

I. APPLICATION FEE AND COURSE TYPE

Course Fee:

A non-refundable application fee for biennial (2 year) certification in the amount of **\$500.00 per discipline** (note: initial and refresher courses are separate disciplines) must be forwarded with this application. The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health & Senior Services".

Course Type (check no more than one initial and corresponding refresher):

Housing/Public Buildings

Initial	Refresher	
[]	[]	Worker
[]	[]	Supervisor
[]	[]	Inspector/Risk Assessor
[]	[]	Planner/Project Designer

Commercial Buildings/Superstructures

Initial	Refresher	
[]	[]	Worker
[]	[]	Supervisor

II. GENERAL APPLICANT INFORMATION

Name of Company: _____

Type of Company: [] Corporation [] Individual [] Partnership

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Is the street address of agency different than above address? [] No [] Yes If yes, the following must be completed:

Street Address: _____ City: _____ State: _____ Zip Code: _____

Fax Number: () Business Telephone: () Federal Employer I.D. Number: _____

Corporation Number (if applicable): _____ Date Incorporated: ____/____/____ State incorporated in: _____

III. TRAINING MANAGER INFORMATION

Name: _____ Telephone () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position and/or Title with Company: _____

IV. APPLICANT (AS IDENTIFIED IN SECTION II. ABOVE) INFORMATION

How long has the company/agency been in existence? _____ Years _____ Months

Has applicant's name changed within the past 2 years? [] No [] Yes

If yes, former name: _____

Is applicant approved by any federal, state or municipal office to conduct lead training? ☐ No ☐ Yes
If yes, please attach a list of all approved courses, original date of approval and the approving authority.

Is applicant an affiliate or a subsidiary of any other organization(s)? ☐ No ☐ Yes
If yes, list name(s) and address(es) of related organization(s) and relationship:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach any additional names on a separate piece of paper)

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

Name (Last, First, MI) and Address	Office or Title Held	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach any additional names on a separate piece of paper)

V. APPLICANT'S HISTORY OF LEGAL ACTIONS

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach statement to application.

Has/is the applicant (identified in Section II.) or any persons identified on this application:

- a. been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDHSS? ☐ No ☐ Yes
 - b. now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? ☐ No ☐ Yes
 - c. been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? ☐ No ☐ Yes
 - d. been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? ☐ No ☐ Yes
 - e. been a defendant in any civil or criminal litigation? ☐ No ☐ Yes
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VI. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Lead Training Agency Certification Application" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training agency in New Jersey.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name (Print):	Title:
Signature:	Date
